

(5/02)

COUNTY OF LOS ANGELES

UNITED STATES SERIES EE SAVINGS BONDS CHANGE AUTHORIZATION



PREPARE ONLY **ONE** COPY OF THIS FORM. **COMPLETE A SEPARATE FORM FOR EACH BOND YOU WISH TO CHANGE.** UPON COMPLETION, FORWARD THIS FORM TO YOUR DEPARTMENT'S U.S. SAVINGS BONDS COORDINATOR. USE THIS FORM TO: 1) CHANGE OWNER INFORMATION, 2) CHANGE AMOUNT OF MONTHLY DEDUCTION OR FACE VALUE OF BONDS BEING RECEIVED, OR 3) CHANGE CO-OWNER/BENEFICIARY INFORMATION ON BONDS.

| DO NOT WRITE IN THE BOXES TO THE RIGHT. FOR AUDITOR'S | DEDUCTION | OLD | NEW | | BOND | | |
|--|--|--|--|----------------------------|---|--|--|
| USE ONLY. | CODE 125 | P/R DED | P/R DED | | SEQ NO. | CODE | |
| EMPLOYEE NO. | DEPT. NO. | EMPLOYEE NAME (1 | TYPE OR PRINT FIRST, M | I, LAST) | | | |
| IDENTIFY THE BOND YOU WISH TO | CHANGE BY PROVIDIN | NG THE FOLLOWING INF | FORMATION: | | SUBMIT A SEPARATE FOI | RM FOR EACH E | BOND |
| BOND OWNER: CO-OWNER OR BENEFICIARY: | | | | | ENTER THE TOTAL NUMBER OF FORMS YO ARE NOW SUBMITTING | | MBER |
| COMPLETE CHANGE | (S) REQUEST | FD· | t . | i, | | | |
| CHANGE OWNER | | | | | | | |
| OWNER SOCIAL SECUR | ITY NUMBER - THIS IS | MANDATORY | OWNER NAME (TYPE | OR PRINT FIRST, MI, L | AST) | | |
| то | | | то | | | | |
| ow | NER STREET ADDRES | SS | | CITY | | STATE | ZIP |
| FROM | | | | | | | |
| то | | | | | | | |
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| | | | | | | | 1 |
| CHANGE BOND MONTHLY DEDUCTION | AMOUNT: | | MONTHLY DEDUCTION | FACE VALUE | MONTHLY DEDUCTION | FACE V | ALUE |
| | | | DEDUCTION 12.50 | 100.00 100.00 | | 200 200 | .00 |
| MONTHLY DEDUCTION | FACE VALUE | | DEDUCTION | 100.00 | DEDUCTION 50.00 | 200 | .00 |
| MONTHLY DEDUCTION FROM \$ | FACE VALUE \$ | ICIARY INFORM | 12.50 25.00 50.00 | 100.00 100.00 | 50.00 100.00 250.00 500.00 | 200 200 500 | .00 .00 .00 |
| MONTHLY DEDUCTION FROM \$ TO \$ | \$ \$ VNER/BENEFI | | 12.50 25.00 50.00 | 100.00 100.00 100.00 | 50.00 100.00 250.00 500.00 | 200 200 500 1,000 PROPER E | .00 .00 .00 |
| MONTHLY DEDUCTION FROM \$ TO \$ CHANGE CO-OV | \$ \$ VNER/BENEFI | NUMBER C | 12.50 25.00 50.00 | 100.00 100.00 100.00 | 50.00 100.00 250.00 500.00 | 200 200 500 1,000 PROPER E | .00 .00 .00 .00 .00 BOXES |
| MONTHLY DEDUCTION FROM \$ TO \$ CHANGE CO-OV CHANGE CO-OWNER/BENEFICIAR | \$ \$ VNER/BENEFI | NUMBER C | 12.50 25.00 50.00 MATION: | 100.00 100.00 100.00 | 50.00 100.00 250.00 500.00 | 200 200 500 1,000 PROPER E | .00 .00 .00 .00 .00 .00 |
| MONTHLY DEDUCTION FROM \$ TO \$ CHANGE CO-OV CHANGE CO-OWNER/BENEFICIAR FROM | \$ \$ VNER/BENEFI | NUMBER C | 12.50 25.00 50.00 MATION: | 100.00 100.00 100.00 | 50.00 100.00 250.00 500.00 | 200 200 500 1,000 PROPER E | .00 .00 .00 .00 .00 BOXES |
| MONTHLY DEDUCTION FROM \$ TO \$ CHANGE CO-OV CHANGE CO-OWNER/BENEFICIAR FROM TO THE CO-OWNER/BENEFICIARY'S SOUTHEREBY AUTHORIZE THE AUDITOR THE INFORMATION SUBMITTED BY METERS AND THE INFORMATION SUBMIT SUBMITTED BY METERS AND THE INFORMATION SUBMIT SUBMIT SUBMIT SUBMIT SUBMIT SUBM | \$ \$ VNER/BENEFI Y SOCIAL SECURITY NUMBER CIAL SECURITY NUMBER OF THE COUNTY OF INTERIOR ON ANY PREVIOUS | NUMBER C F T ER IS PREFERRED BUT LOS ANGELES TO MAKE | DEDUCTION 12.50 25.00 50.00 MATION: CO-OWNER/BENEFICIARY FROM O NOT MANDATORY. | 100.00 100.00 100.00 | 50.00 100.00 250.00 500.00 CHECK F | 200 200 500 1,000 PROPER E CO- OWNER | JPERCEDE |
| MONTHLY DEDUCTION FROM \$ TO \$ CHANGE CO-OV CHANGE CO-OWNER/BENEFICIAR FROM TO THE CO-OWNER/BENEFICIARY'S SOUTHEREBY AUTHORIZE THE AUDITOR THE INFORMATION SUBMITTED BY MOTO NOTIFY THE AUDITOR OTHERWISE EMPLOYEE SIGNATUF | \$ \$ VNER/BENEFI Y SOCIAL SECURITY NUMBER CIAL SECURITY NUMBER OF THE COUNTY OF IME ON ANY PREVIOUS SE. | NUMBER C F T ER IS PREFERRED BUT LOS ANGELES TO MAKE | 12.50 25.00 50.00 MATION: CO-OWNER/BENEFICIARY ONOT MANDATORY. E THE INDICATED CHANGE AUTHORIZATION | 100.00 100.00 100.00 | 50.00 100.00 250.00 500.00 CHECK F | 200 200 500 1,000 PROPER E CO- OWNER | JPERCEDE |
| MONTHLY DEDUCTION FROM \$ TO \$ CHANGE CO-OV CHANGE CO-OWNER/BENEFICIAR FROM TO THE CO-OWNER/BENEFICIARY'S SOUTHER BY AUTHORIZE THE AUDITOR OTHER WISTON NOTIFY THE AUDITOR OTHER WISTON NO | \$ \$ VNER/BENEFI Y SOCIAL SECURITY NUMBER CIAL SECURITY NUMBER OF THE COUNTY OF IME ON ANY PREVIOUS SE. | NUMBER C F T ER IS PREFERRED BUT LOS ANGELES TO MAKE | DEDUCTION 12.50 25.00 50.00 MATION: CO-OWNER/BENEFICIARY FROM O NOT MANDATORY. | 100.00 100.00 100.00 | DEDUCTION 50.00 100.00 250.00 500.00 CHECK F OF FIRST, MI, LAST) | 200 200 500 1,000 PROPER E CO- OWNER | JPERCEDE |